

January 8, 2014

Federal Communications Commission
Office of the Secretary
445 12th Street SW
Washington, DC 20554

RE: Request for Waiver

CC Docket No. 02-6

Contact:

Janice Meyers
Letter of Agency for Lighthouse Academies, Inc
Janice Meyers Educational Consulting, LLC
1121 Park West Blvd. Suite B204
Mount Pleasant, SC 29466
Phone 914-715-2466
janice@jhmedu.com

Southwest Detroit Lighthouse Charter School

BEN: 16071628

Form 471 # 917031

Request for Waiver

I am requesting a waiver of the 2013-14 filing deadline for the Item 21 Attachments of March 14, 2013 due to inadvertent errors and circumstances beyond my control.

Argument

In 2006 and 2007, in the *Bishop Perry Order* and the *Academy for Academic Excellence Order*, the Commission and the Bureau, respectively, granted waivers to applicants who missed the FCC Form 471 filing window deadline due to technical malfunctions, school reorganizations, a misunderstanding related to the

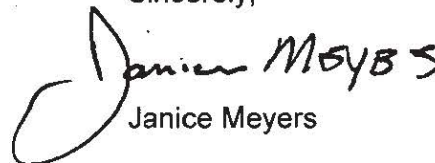
filing deadline, personal staff emergencies, inadvertent errors, or circumstances beyond their control, including inclement weather.

Form 471 # 917031 was filed online March 12, 2013. A PIA review began on December 18, 2013. The reviewer asked for a copy of the Item 21 Attachments for FRN 2500425 and FRN 2500433. I found the two Item 21 Attachments in the file but could not find any documentation that they were sent. I did not find any SLD notice that they were missing. A FCDL was issued on January 8, 2014 denying the application because "This FRN is denied because the Item 21 Attachment was not received on or before the filing deadline. The Item 21 Attachment is an FCC Form 471 Window filing requirement. You failed to provide sufficient documentation demonstrating the Item 21 Attachment was submitted timely. FCC Forms 471 with Item 21 Attachments that met the FCC Form 471 Window requirements have funding priority over applications received after the filing deadline. Given that funding demand for FCC Forms 471 filed within the window exceeds the amount available for commitment, we cannot consider this FRN for funding".

I thought the Item 21 Attachments had been filed but made an inadvertent error due to my medical condition at that time. In February of 2013, my left hip became displaced. I needed surgery but felt that I could not do so until the 2013 471 filing window closed on March 14, 2013. My mobility was aided with crutches and pain medication. Surgery was scheduled for April 5, 2013 in New York City. I spent 3 1/2 weeks recovering in Westchester County, NY near my family and away from my office in Mount Pleasant, SC. Please see the attached documentation of surgery.

I ask that you respectfully waive the filing deadline of March 14, 2013 due to inadvertent errors and circumstances beyond my control and fund FRNs 2500425 and 2500433.

Sincerely,


Janice Meyers

Account Name: **SOUTHWEST DETROIT LIGHTHOUSE BEN 16071628** ID#: 6048469

CUSTOMER INFORMATION (Service Location)

Address 1 4041 29TH ST City DETROIT
 Address 2 State MI
 Primary Contact Name Patrick Kangethe ZIP Code 48210
 Business Phone (508) 626-0901 X224
 Cell Phone
 Pager Number
 Janice Meyers
 1121 Park West Blvd. Suite B204
 Te Mt. Pleasant, SC 29644
 Tec 914-715-2466 janice@jhmedu.com
 Technical Contact Name
 Technical Contact Business Phone
 Property Manager Contact Name

COMCAST BUSINESS CLASS SERVICES

Selection (X)	
Business Class Voice	X
Business Class Internet	X
Business Class TV	
Service Term (Months)	36

COMCAST BUSINESS CLASS SERVICES DETAILS

Business Class Voice*				Business Class Packages			
VOICE SELECTIONS	Quantity	Unit Cost	Total Cost	PACKAGE DESCRIPTION			
Full Feature Voice Lines	3	\$39.95	\$119.85				
Adtl. F.F. Voice Lines w/ pkg.							
4+ Lines	1	\$24.95	\$24.95				
Basic Lines	0	\$24.95	\$0.00				
Fax Lines	0	\$24.95	\$0.00				
Toll Free Numbers							
Equipment Fee	1	N/A	\$7.00				
VOICE OPTIONS				Business Class TV*			
Selection(X)	Total Cost	TV SELECTIONS		Selection(X)	Total Cost		
Voice mail	0	\$0.00	Basic				
Directory Listing Suppression	X	\$0.00	Information & Entertainment				
Auto-Attendant			Standard				
				Preferred			
				Music Choice Standalone			
Business Class Internet*				TV OPTIONS			
INTERNET SELECTIONS	Selection(X)	Total Cost	Selection	Total Cost			
Starter			Sports Pack**				
Preferred			Music Choice W/Business Class				
Other Deluxe 100	X	\$369.95	Canales Selecto				
Equipment Fee			Other Programming				
INTERNET OPTIONS				Other Programming			
Selection(X)	Total Cost	TV OUTLETS		Quantity	Unit Cost	Total Cost	
Microsoft Outlook Office Email	X	Included	Additional Outlets				
Web Hosting - Starter	X	Included	HD Outlet Charges				
Web Hosting - Business							
Web Hosting - Commerce							
Web Hosting - Professional							
Static IP - 1							
Static IP - 5	X	\$19.95					
Static IP - 13							
Static IP - 29							
Static IP - 61							
Static IP - 125							
Static IP - 253							
IPv6							
Xfinity Wifi Hotspot							

COMCAST BUSINESS CLASS TOTAL SERVICE CHARGES

Business Class	Selection(X)	Unit Cost	Total Cost	Total Monthly Service Charge	\$541.70
Installation Fee	X	\$0.00	\$0.00	Promotional Code (if applicable)	\$30.00
Voice Activation Fee*	X	\$29.95/Line	\$119.80	Less Discount (if applicable)	
Auto-Attendant Setup Fee				Total Recurring Monthly Bill:*	\$511.70
Voice Jack Fee					
Toll Free Activation Fee					
Directory Listing Fee					
Total Installation Charges:*				* Applicable federal, state, and local taxes and fees may apply.	
\$119.80					

GENERAL SPECIAL INSTRUCTIONS

The Services set forth herein will be provided by Comcast Cable Communications Management, LLC, which has a SPIN of 143013564. Any services provided hereunder shall commence on or after July 1, 2013.

BUSINESS CLASS TRUNKS SERVICE ORDER AGREEMENT

Account Rep Name: Christopher Kourca
Comcast
Telephone Number: 248-535-7209
Email Address: christopher.kourca@comcast.com

CUSTOMER INFORMATION

Account Name Southwest Detroit Lighthouse Char Sch
Primary Contact Name Patrick Kangethe
Address 1 4041 29TH ST
Address 2
City Detroit
State Michigan
Zip 48210
Business Phone (508) 626-0901 x-224
Cell Phone 508-380-7473
Fax Number
Email pkangethe@lighthouse-academies.org
Technical Contact Name Patrick Kangethe
Technical Contact Phone 508-380-7473
Technical Contact Email pkangethe@lighthouse-academies.org
Technical Contact On-Site? No

BILLING INFORMATION

Billing Address Details Same as Service Location? Yes
Billing Account Name Southwest Detroit Lighthouse Char Sch
Billing Name (3rd Party Accounts)
Billing Contact Name Patrick Kangethe
Billing Address 1 4041 29TH ST
Billing Address 2
City Detroit
State Michigan
Zip 48210
Billing Contact Phone (508) 626-0901 x-224
Billing Contact Fax
Billing Contact Email pkangethe@lighthouse-academies.org
Tax Exempt? Yes
*If yes, please provide and attach all applicable tax exemption certificates

BUSINESS CLASS TRUNKS SERVICE DETAILS

Business Class Trunks
PRI Interface ☒

Request Type:
Action:

Internet/Trunk Package Option #BCTPRI1FullID100BP_29.95WV1

Service Term (12/24/36/60 Months) 36
Monthly Recurring Charge* \$489.00
Package Discount (\$259.95)
Total Monthly Recurring Charge* \$229.05
*Applicable federal, state, and local taxes and fees may apply, usage fees not included

Voice Selections	Quantity	Unit Price	Total Price
Fractional PRI*		\$349.00	
# of Additional Channels PORT 1		\$14.00	
# of Additional Channels PORT 2		\$14.00	
Full PRI*	1	\$489.00	\$489.00
# of 20 Native TN Blocks*	1	\$5.00	
# of 100 Native TN Blocks		\$20.00	
# of 200 Native TN Blocks		\$40.00	
# of 500 Native TN Blocks		\$100.00	
# of 1000 Native TN Blocks		\$200.00	
# RCF TNs			
# of Toll Free Numbers		\$5.00	
# of Trunk Groups		Included	
# of Trunk Groups with DNIS		\$50.00	
Monthly Call Detail Record (CDR)		\$50.00	
Directory Listing Suppression		\$2.00	

*20 TN Block Included in Price

RCF Fee Charge (\$19.95 per RCF TN):
Toll Free Charge:
Directory Listing Suppression Fee:
Site Installation Charges* \$500.00
Total Trunk Services Standard Installation Fees: \$500.00
*Does not include Custom Installation Fees (if applicable)

Date of Quote: 3/8/2013

The terms set forth in this Agreement are valid for 30 days from Date of Quote

Directory Listing Published
DL Number Native 1
DL Display Name Southwest Detroit Lighthouse
DA/DL Header Text Information Charter School
Caller ID Display (15 Character Limit) School Charter
SW Detroit Ch S
Caller ID (Yes/No) Yes

Customer requests International Dialing? ☐ Yes ☒ No

Customer may change its International Dialing preference by contacting Comcast in writing.

Item 21 Attachment

Applicant: Southwest Detroit Lighthouse Charter School		Attachment: POTS-3		
BEN: 16071628		Application: 987654		
FRN 2500433				
sin 143 001192				
Narrative description: 4 POTS Line for alarm and fax				
Quantity	Product or Service Description	Unit Cost	Extended Pre-discount Cost	
			Recurring	Non-Recurring
4	POTS line Installation cost for above	\$33.15	\$120.72	
1	Installation	waived		
	TOTAL:		\$ 120.72	

Janice Meyers
 1121 Park West Blvd. Suite B204
 Mt. Pleasant, SC 29644
 914-715-2466 janice@jhmedu.com



Claim received for JANICE MEYERS
Reference # [REDACTED]
ID [REDACTED]

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on April 17, 2013 and processed it on April 26, 2013.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
PATRICK MEERE MD, Reference # 8191310990121										
04/05/13	SURGERY	25,500.00	0.00	25,500.00	0.00	0.00	0.00	0	0.00	A
04/05/13	RADIOLOGIST	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0	0.00	A
Total		\$26,500.00	\$0.00	\$26,500.00	\$0.00	\$0.00	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

Other important information that I need to know

***** ATTENTION: WE NEED ADDITIONAL INFORMATION FROM THE PROVIDER TO DETERMINE BENEFITS. PLEASE USE THIS FORM OR INCLUDE REFERENCE NUMBER ON RESPONSE. SEE DETAILS BELOW. *****

Notes

A - HEALTH CARE PROFESSIONAL: WE NEED MORE INFORMATION TO PROCESS THIS CLAIM. WE WROTE THE CUSTOMER A SEPARATE LETTER, ASKING FOR THIS INFORMATION. ONCE WE GET IT, WE'LL PROCESS THE CLAIM ACCORDING TO THE CUSTOMER'S PLAN. IF WE DON'T GET THE INFORMATION WITHIN 90 DAYS, WE WILL CLOSE THE FILE UNTIL WE DO.

Additional appeal information related to the Patient Protection and Affordable Care Act of 2010

If you would like to request information about the specific diagnosis and treatment codes submitted by your Health Care Professional, please either contact your Health Care Professional, or go to http://www.cigna.com/privacy/privacy_healthcare_forms.html or call the Customer Service number on the back of your ID card.

If you are not satisfied with the final internal review, you may be able to ask for an independent, external review of our decision, as determined by your plan and any state or federal requirements. For questions about your appeal rights or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.askebsa.dol.gov. Assistance may also be available through the below consumer assistance or ombudsman program(s):

State	Contact Information
South Carolina	South Carolina Department of Insurance, Consumer and Individual Licensing Services Division, P.O. Box 100105, Columbia, SC 29202 (800) 768-3467 http://www.doi.sc.gov consumers@doi.sc.gov



701A 7/09



853571849302

Claim received for JANICE MEYERS
Reference # [REDACTED]
ID [REDACTED]

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on April 16, 2013 and processed it on April 22, 2013.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What CIGNA plan paid	% paid	Coinsurance*	See notes
NYU HOSPITALS CTR, Reference # 8191310691033										
04/05/13-04/07/13	SEMI-PRIV./ WARD	12,075.00	0.00	12,075.00	0.00	0.00	0.00	0	0.00	A
04/05/13	DRUGS	43.10	0.00	43.10	0.00	0.00	0.00	0	0.00	A
04/05/13	IV(S)	1,185.00	0.00	1,185.00	0.00	0.00	0.00	0	0.00	A
04/05/13	SUPPLIES	515.08	0.00	515.08	0.00	0.00	0.00	0	0.00	A
04/05/13	SUPPLIES	182.27	0.00	182.27	0.00	0.00	0.00	0	0.00	A
04/05/13	SUPPLIES	31,266.90	0.00	31,266.90	0.00	0.00	0.00	0	0.00	A
04/05/13	SUPPLIES	8,799.11	0.00	8,799.11	0.00	0.00	0.00	0	0.00	A
04/05/13	LABORATORY	41.00	0.00	41.00	0.00	0.00	0.00	0	0.00	A
04/05/13	LABORATORY	261.00	0.00	261.00	0.00	0.00	0.00	0	0.00	A
04/05/13	LABORATORY	384.00	0.00	384.00	0.00	0.00	0.00	0	0.00	A
04/05/13	X-RAY	287.73	0.00	287.73	0.00	0.00	0.00	0	0.00	A
04/05/13	X-RAY	328.00	0.00	328.00	0.00	0.00	0.00	0	0.00	A
04/05/13	OPERATING ROOM	13,078.17	0.00	13,078.17	0.00	0.00	0.00	0	0.00	A
04/05/13	ANESTHESIA SUP.	847.09	0.00	847.09	0.00	0.00	0.00	0	0.00	A
04/05/13	PHYSICAL THERAPY	1,616.00	0.00	1,616.00	0.00	0.00	0.00	0	0.00	A
04/05/13	PHYSICAL THERAPY	741.00	0.00	741.00	0.00	0.00	0.00	0	0.00	A
04/05/13	OCC. THERAPY	1,279.00	0.00	1,279.00	0.00	0.00	0.00	0	0.00	A
04/05/13	OCC. THERAPY	792.00	0.00	792.00	0.00	0.00	0.00	0	0.00	A
04/05/13	DRUGS	1,071.53	0.00	1,071.53	0.00	0.00	0.00	0	0.00	A
04/05/13	RECOVERY ROOM	4,729.79	0.00	4,729.79	0.00	0.00	0.00	0	0.00	A
Total		\$79,522.77	\$0.00	\$79,522.77	\$0.00	\$0.00	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

RETAIN THIS FOR YOUR RECORDS.